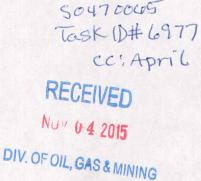
FORM MR-TRS Revised 03/31/2009

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION of OIL, GAS and MINING

1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 (801) 538-5291

\* \* \* \* \* \* \* \* \*



APPLICATION FOR TRANSFER
OF
NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

Application is hereby made to transfer the permit to	commence small mining operations for the
TOM TAYLOR MINE	project, permit # S/ <u>470_/065</u> , currently
operated by ZIEGLER CHEMICAL & MINERAL CORP	(transferor)
to AMERICAN GILSONITE COMPANY	(transferee).

As used herein, TRANSFEROR refers to the <u>current operator</u>; TRANSFEREE refers to the <u>proposed new operator</u>; NOI refers to the Notice of Intention to Commence Small Mining Operations; PERMIT refers to the approved (or accepted) NOI, including the reclamation contract and reclamation surety.

Upon approval of the Application for Transfer:

- 1. The Transferor agrees to transfer all rights and obligations to operate under the terms of the NOI to the Transferee, The Transferor will not retain any rights to conduct small mining operations within the area covered by the approved NOI.
- Both parties understand the transfer of the NOI is not complete until all the
  applicable requirements are met, including the submittal and Division approval of
  an appropriate reclamation surety and a reclamation contract.
- 3. The transferee has read and has a copy of the current NOI.
- 4. The Transferee has inspected the site and is fully aware of all existing conditions and responsible for compliance with the conditions of the permit and the obligations regardless of the nature of the conditions at the site.
- 5. Transferee shall conduct large mining operations on lands included in the NOI in accordance with the Utah Mined Land Reclamation Act, (ACT) Sections 40-8-1 et seq., Utah Code Annotated, (2005, as amended), and the rules promulgated under the ACT (R647- et seq., and the approved NOI.
- 6. The Transferee shall provide a surety in a form and amount approved by the Division to assure reclamation of the lands affected by the mining operations.

The **Transferor** will remain liable for compliance at the mine site until this transfer application is approved.

The signatory below represents that he/she has authority to execute this transfer on behalf of the Transferor, if not a natural person. Statements made in the application are true and correct to the best of my knowledge and belief.

ZIEGLER CHEMICAL	& MINERAL	CORP

TRANSFEROR:

Operator/Transferor Name	2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<sub>Bv</sub> Chip Ziegler	
Name of Authorized Officer (Typed or Printed)	
Officer	
Title of Authorized Officer	
Misp Zeigles	10/30/15
Officer's Signature	Date
STATE OF New Jersey	)
COUNTY OF Middlesex	) ss: )
of the Operator Ziegler Chemical & Mineral Corp. and duly acknowledged that said instrume	by me duly sworn did say that he/she is c, director, partner, agent or other (specify)) ent was signed on behalf of said Operator
by authority of its bylaws, a resolution of it be required to execute the same with full a local problem. Willey Notary Public County Residing at	보고 있다. 그렇게 되었다면 하는 사람들은 사람들이 되었다. 아니는 아이들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람
ANOPIA O MULEO	

ANGELA G. MILLER

My Commission ENDIFARY PUBLIC OF NEW JERSEY

1.D. # 2378919

My Commission Expires 10/14/2018

Page 2 FORM MR-TRS Revised 03/31/2009 The signatory below represents that he/she has authority to execute this transfer on behalf of the Operator/Transferee, if not a natural person; and the operator/transferee is a properly organized entity in good standing under the laws of Utah and the United States, is registered as an entity authorized to do business in the State of Utah. Statements made in the application are true and correct to the best of my knowledge and belief.

### TRANSFEREE:

AMERICAN GILSONITE COMPANY
Operator/Transferee Name
By Nicholas Lott
Name of Authorized Officer (Typed or Printed)
General Manager
Title of Authorized Officer
x)-1 1 1 113/15
Officer's Signature Date
STATE OF LIFE
STATE OF UTUN
STATE OF Utah ) ss:
300NTT 01
On the 3 day of Nov , 20 15, Nicholas Lott
personally appeared before me, who being by me duly sworn did say that he/she is
an <u>Crement Manager</u> (owner, officer, director, partner, agent or other (specify))
of the Operator AMERICAN GILSONITE COMPANY
and duly acknowledged that said instrument was signed on behalf of said Operator
by authority of its bylaws, a resolution of its board of directors, or as may otherwise
be required to execute the same with full authority and to be bound hereby.
Somoh
Notary Public
Memal ut 8408 NOTARY PUBLIC JOLENE MOHAR
Residing at 656690 Commission Expires
JUNE 30, 2016
G-36-16 STATE OF UTAH

Page 3 FORM MR-TRS Revised 03/31/2009

Form MR-SMO			
(Revised July 25,	2012)		

For Division Use Only Assigned File Number	S/	
DOGM Lead:		

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

#### NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <a href="http://www.rules.utah.gov/publicat/code/r647/r647.htm">http://www.rules.utah.gov/publicat/code/r647/r647.htm</a> and <a href="http

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

1. **GENERAL INFORMATION** (Rule R647-3-104) 1. Name of Mine: AMERICAN GILSONITE COMPANY 2.A. Name of Entity Applying for a Permit: AMERICAN GILSONITE COMPANY Contact (Authorized Officer): NICHOLAS LOTT Mailing Address: 29550 SOUTH BONANZA HWY City, State, Zip: BONANZA, UT 84008 Phone: 435-789-1921 Fax: 435-781-4563 E-mail Address: nlott@amgc.com ✓ Corporation LLC Entity is a: Sole Proprietorship (dba) Individual Partnership ( General or limited) Other (specify type) Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply. 2.B. Are you currently registered to do business in the State of Utah? ✓ Yes No Business Entity #: 73-131788 Local Business License #: 2014443 (if required) Issued by: County: UINTAH COUNTY or City: Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank): Title: CHIEF FINANCIAL OFFICER Name: DOUGLAS MAUGHAN Address: 29950 SOUTH BONANZA HWY City, State, Zip: BONANZA, UT 84008 Fax: 435-781-4563 Phone: 435-781-4534

E-mail Address: dmaughan@amgc.com

2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division. Address: 29950 SOUTH BONANZA HWY

City State Zin: BONANZA IT Name: NICHOLAS LOTT City, State, Zip: BONANZA, UT 84008
Phone: 435-781-4552 Fax: 435-781-4563 Emergency, Weekend, or Holiday Phone: E-mail Address: Title: Name: Address: City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency, Weekend, or Holiday Phone: E-mail Address: 3a.. If Business is a Sole Proprietor (dba) or Individual: Name of Owner: \_\_\_\_\_ Title: \_\_\_\_ Business Address: City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_ E-mail Address: 3b. If Business is a Corporation: Name of Officers: DOUGLAS MAUGHAN Title: CHIEF FINANCIAL OFFICER Name: TED STEVENS Title: CHIEF EXECUTIVE OFFICER Name: \_\_\_\_\_ Title: \_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Headquarters Address: 29950 SOUTH BONANZA HWY City, State, Zip: BONANZA, UT 84008 Phone: 435-789-1921 Fax: 435-781-4563 E-mail Address: nlott@amgc.com 3c. If Business is a Limited Liability Company: Member Managed Manager Managed Name of 1<sup>st</sup> Member/Manager: \_\_\_\_\_\_ Title: \_\_\_\_\_ Business Address: City, State, Zip: Phone: Fax: E-mail Address: Name of 2<sup>nd</sup> Member/Manager: \_\_\_\_\_\_ Title: \_\_\_\_\_ Business Address: City, State, Zip: Fax: Phone: E-mail Address: 3d. If Business is a Partnership: Names of First Partner: Business Address: City, State, Zip: \_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: Names of Second Partner: Business Address: City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address:

## VII. SIGNATURE REQUIREMENT

#### CERTIFICATION

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

- a. I have read this form and declare the information, statements and/or documentation are true, correct and complete to the best of my knowledge and belief; AND
- b. I commit to the reclamation of the aforementioned small mining project as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.
- c. This certification must be signed by: (1.) an executive officer if the applicant is a corporation; (2.) a partner if applicant is a partnership (general or limited); (3.) the owner if applicant is a sole proprietorship; or (4.) the member or manager if applicant is a limited liability company.

Signature: Name (typed or printed): Douglas Maughan	Date: _	11/3/15	
Title/Position (if applicable): Chief Financial Officer			